

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.		2-28-00
O.I.P.E. CLASSIFIER		8	3-10-00
FORMALITY REVIEW	J.S.	69134	4-26-00
RESPONSE FORMALITY REVIEW	"	"	

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date	Claim	Date	Claim	Date
Final		Final		Final	
Original		Original		Original	
0	6/10/03	51		101	
1	✓	52		102	
2	✓	53		103	
3	✓	54		104	
4	✓	55		105	
5	✓	56		106	
6	✓	57		107	
7	✓	58		108	
8	✓	59		109	
9	✓	60		110	
10	✓	61		111	
11	✓	62		112	
12	✓	63		113	
13	0	64		114	
14	0	65		115	
15	✓	66		116	
16	✓	67		117	
17	0	68		118	
18		69		119	
19		70		120	
20		71		121	
21		72		122	
22		73		123	
23		74		124	
24		75		125	
25		76		126	
26		77		127	
27		78		128	
28		79		129	
29		80		130	
30		81		131	
31		82		132	
32		83		133	
33		84		134	
34		85		135	
35		86		136	
36		87		137	
37		88		138	
38		89		139	
39		90		140	
40		91		141	
41		92		142	
42		93		143	
43		94		144	
44		95		145	
45		96		146	
46		97		147	
47		98		148	
48		99		149	
49		100		150	
50					

If more than 150 claims or 10 actions  
staple additional sheet here

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